

STATE OF SOUTH DAKOTA


Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

| | | |
|--|--|---|
| 1. TITLE OF NEWSPAPER <u>Black Hills Pioneer</u> | | 2. DATE <u>9/22/14</u> |
| 3. FREQUENCY OF ISSUE <u>Daily except Sundays + holidays</u> | 3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>306</u> | 3B. ANNUAL SUBSCRIPTION PRICE \$ <u>Various</u> |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>P.O. Box 7, Spearfish, Lawrence County, S.D., 57783</u> | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>P.O. Box 788, Hastings NE, 68901</u> | | |
| 6. FULL NAME OF PUBLISHER: <u>Letitia Lister</u> | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) | | |
| FULL NAME | COMPLETE MAILING ADDRESS | |
| <u>Seaton Publishing Co. Inc</u> | <u>P.O. Box 7, Spearfish, S.D 57783</u> | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) | | |

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
|--|--|---|
| A. TOTAL NO. COPIES (Net Press Run) | <u>4125</u> | <u>4170</u> |
| B. PAID AND/OR REQUESTED CIRCULATION | | |
| 1. Sales through dealers and carriers, street vendors and counter sales. | <u>3570</u> | <u>3612</u> |
| 2. Mail Subscription (Paid and or requested) | <u>144</u> | <u>142</u> |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | <u>3714</u> | <u>3754</u> |
| D. FREE DISTRIBUTION | | |
| 1. BY MAIL, CARRIER OR OTHER MEANS | <u>0</u> | <u>0</u> |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | <u>100</u> | <u>100</u> |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | <u>3814</u> | <u>3854</u> |
| F. COPIES NOT DISTRIBUTED | | |
| 1. Office use, left over, unaccounted, spoiled after printing | <u>125</u> | <u>125</u> |
| 2. Return from News Agents | <u>186</u> | <u>191</u> |
| G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A) | <u>4125</u> | <u>4170</u> |

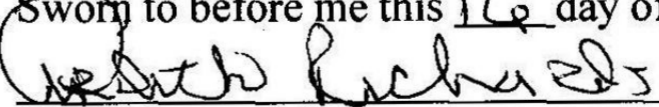
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:


 (Signature)

Publisher
 (Title)

State of South Dakota)
)
 County of Lawrence)

(Seal)

Sworn to before me this 16th day of Sept, 2014

 Notary Public

My commission expires: 10-24-2016